



15090 Highway 64
Somerville, TN 38068
901.465.3241

Fayette Academy

Off Campus Travel Permission Form

Student Name _____

Home Phone _____ Birthdate _____ Grade _____

Allergies (if any) _____

Parent/Guardian _____

Work Phone _____ Cell _____

Parent/Guardian _____

Work Phone _____ Cell _____

Additional Medical Information

Family Physician _____ Phone _____

Health Insurance: Company and Policy Numbers _____

I hereby authorize FA to administer Tylenol (age-appropriate dosage) to my child, if deemed necessary.

I hereby authorize FA to administer other medication to my child as noted: _____

Field Trip Information

_____ has my permission to participate in the school-sponsored trip to Land Between
the Lakes on 10-6-2017.

Means of transportation school bus Cost of trip - no cost covered by annual dues.

Departure time 9AM Estimated Return Time Sunday at 5PM

Please return this permission slip by Thursday, October 5, 2017

In the event of an emergency, if neither parent/guardian nor physician can be contacted, or if there is not time to make such contact, the following signature authorizes such emergency medical treatment as may be deemed necessary.

(Signature)

(Date)